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**TRANSMITTAL
FORM**

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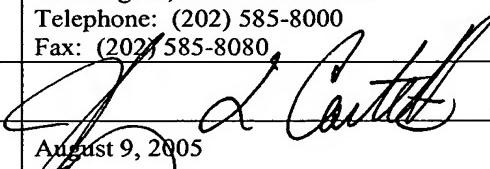


TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	10/534,282
		Filing Date	May 9, 2005
		First Named Inventor	Robert Peter MILLAR
		Group Art Unit	Not Yet Assigned
		Examiner Name	Not Yet Assigned
Total Number of Pages in This Submission	1	Attorney Docket Number	742439-23

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request (\$_____) <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Request for Consideration of Document Cited in International Search Report <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Notice to File Missing Parts/Incomplete Application (\$_____) <input type="checkbox"/> A copy of the Notice to File Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) 7 pages <input type="checkbox"/> Declaration and Power of Attorney <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition (\$_____) <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney to Prosecute Applications Before the USPTO <input type="checkbox"/> Terminal Disclaimer (\$_____) <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (\$_____) (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Application Data Sheet <input type="checkbox"/> Request for Corrected Filing Receipt with Enclosures <input type="checkbox"/> A self-addressed, prepaid postcard for acknowledging receipt <input checked="" type="checkbox"/> Form PTO-1449 w/3 references <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): International Preliminary Examination Report dated March 29, 2005
Remarks		<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 19-2380 for the above identified docket number.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Jeffrey L. Costellia, Esq., Reg. No. 35,483 Nixon Peabody LLP 401 9th Street, N.W., Suite 900 Washington, D.C. 20004-2128 Telephone: (202) 585-8000 Fax: (202) 585-8080
Signature	
Date	August 9, 2005

CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)]

I hereby certify that this correspondence is being:

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:)
Robert Peter MILLAR)
Serial No.: 10/534,282) Examiner: Not yet assigned
Filed: May 9, 2005) Group Art Unit: Not yet assigned
For: A RETRO-INVERSO GONADOTROPIN-) Dated: August 9, 2005
RELEASING HORMONE PEPTIDE AND
VACCINE COMPOSITION

REQUEST FOR CONSIDERATION OF DOCUMENT CITED
IN INTERNATIONAL SEARCH REPORT

U.S. Patent and Trademark Office
P.O. Box 1450
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Sir:

It is requested, in accordance with the provisions of 37 CFR 1.56 and 37 CFR 1.97-1.99, that the references cited in the International Preliminary Examination Report dated March 29, 2005 (copy enclosed herewith) be considered and made of record in the subject application. These references are listed and enclosed on the Form PTO-1449 submitted herewith.

It is respectfully requested that an Examiner initialed copy of this form be returned to the undersigned.

Respectfully submitted,

By:

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